



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

|   |  |   |  |
|---|--|---|--|
| PLAINTIFF<br><b>UNITED STATES OF AMERICA</b>  |  | COURT CASE NUMBER<br>CR No. 05-10016-RCL  |  |
| DEFENDANT(s)<br><b>MICHAEL MCDONALD</b>   |  | TYPE OF PROCESS<br><b>PRELIMINARY ORDER OF FORFEITURE</b>   |  |
| <b>SERVE<br/>AT</b>   | Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize<br><b>John M. Moscardelli, Esquire</b>               |   |  |
|   | Address (Street or RFD / Apt. # / City, State, and Zip Code)<br><b>Peters &amp; Moscardelli, Eight Winter Street, Suite 12, Boston, MA 02108</b> |   |  |
| Send NOTICE OF SERVICE copy to Requester:<br><br>KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY<br>UNITED STATES ATTORNEY'S OFFICE<br>John Joseph Moakley United States Courthouse<br>1 Courthouse Way, Suite 9200<br>Boston, Massachusetts 02210   |  | Number Of Process To Be Served In This Case.  |  |
|   |  | Number Of Parties To Be Served In This Case.  |  |
|   |  | Check Box If Service Is On USA  |  |
| SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)<br><br>Please serve the attached Preliminary Order of Forfeiture upon the above-named individual by certified mail, return receipt requested.<br><br><div align="right">LJT x3283</div> |  |   |  |
| Signature of Attorney or other Originator requesting service on behalf of<br><br><i>Kristina E. Barclay/LJT</i>   |  | Telephone No.<br><br>(617) 748-3100   | Date<br><br>July 24, 2007                        |
| SIGNATURE OF PERSON ACCEPTING PROCESS:  |  |   | Date   |
| <b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>   |  |   |  |
| I acknowledge receipt for the Total # of Process Indicated.   | District of Origin No. _____   | District to Serve No. _____   | SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: |
| Date  |  |   |  |
| I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input checked="" type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc. At The Address Shown Above or at the Address Inserted Below.               |  |   |  |
| <input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.   |  |   |  |
| NAME & TITLE of Individual Served If not shown above:   |  | <input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.     |  |
| ADDRESS: (Complete only if different than shown above.)   |  | Date of Service<br>PLEASE SEE REMARKS   | Time of Service<br>YAM<br>[ ] PM                 |
|   |  | Signature, Title and Treasury Agency<br><i>Stephen P. Leonard</i> Forfeitures Officer<br>U.S. Customs and Border Protection |  |
| REMARKS:<br><br>The above-described Preliminary Order was served by certified mail number 70012510000342995686. Delivered on 8/4 per Postal receipt. Copy of the Postal receipt is attached. Served as directed above.  |  |   |  |

TD F 90-22.48 (6/96)

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7001 2510 0003 4299 5686

|   |    |            |
|---|----|------------|
| Postage   | \$ |            |
| Certified Fee                                     |    |            |
| Return Receipt Fee<br>(Endorsement Required)      |    |            |
| Restricted Delivery Fee<br>(Endorsement Required) |    |            |
| Total Postage & Fees                              | \$ | 02114 USPS |

JOHN F. KENNEDY  
BOSTON, MA 02114  
AUG 12 2007

Sent To: **John M. Moscardelli, Esq.**  
 Street, Apt. No., or PO Box No.: **Eight Winter St.**  
 City, State, ZIP: **Boston, MA 02108**

PS Form 3800, January 2001 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION \***

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

John M. Moscardelli, Esq.  
 Peters & Moscardelli  
 Eight Winter St., Suite 12  
 Boston, MA 02108

2. Article Number  
(Transfer from service label)

7001 2510 0003 4299 5686

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee  
*[Signature]*
- B. Received by (Printed Name) C. Date of Delivery  
*[Signature]*
- D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes